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CASE OF LIGATURE OF COMMON CAROTID.

Ligature of Common Carotid, for attempted Suicide. By W. E. Horner, M.D., Prof. of Anatomy in the University of Pennsylvania.

On Monday, June 18th, 1832, a criminal, named Washington Taylor, æt. 34, was brought up before Judge King, to receive a sentence of six years confinement in the State penitentiary, for counterfeiting. Upon the sentence being passed, he immediately drew a knife and plunged it into his throat, a little below the angle of the lower jaw, on the right side; he then withdrew the knife, and not satisfied with the effects of it, he plunged it again into the same region of his throat, half an inch from the other wound. I was passing the court-house at the moment of this proceeding, and from that circumstance was accidentally called in by one of the persons in pursuit of medical aid.

I found the criminal in the court-room, sitting upright; a handkerchief soaked with blood was held by the persons present, over the wounds; it restrained somewhat the bleeding, but very imperfectly. On its removal the blood gushed out in a large stream, the size of a little finger, (but not per saltum,) from the wounds, and of an arterial color. Having got this glimpse of the parts, I directed an assistant to apply the end of his thumb to them, and to press firmly against the front of the cervical vertebræ, while I went home, a distance of two and a half squares, for my instruments. On my way I met accidentally Dr. Emerson, and engaged his assistance.

On my return, I saw that the pressure applied had been systematic enough to restrain almost wholly the hæmorrhage. I then had the patient inclined half-recumbently on a settee, and changed the pressure to the trunk of the carotid at the lower part of the neck, which arrested the hæmorrhage very insufficiently; I then dilated the wounds by converting the two into one. I spent some minutes in attempting to take up the divided vessels; but the incessant column of blood pouring from them, concealed them so completely, that I found it impracticable to succeed. By running my finger into the wound, I felt that the knife had passed in the direction of the carotid arteries and internal jugular vein, between the vertebræ and pharynx; and it was evident, from the copiousness of the hæmorrhage and the redness of the blood, that a large artery was wounded, either one of the carotids or one or more of their large

primary branches. The extreme danger of the individual left no further time for attempts in this region; I therefore determined to take up the primitive carotid, which I did by extending the wound downwards for two inches, and passing a ligature around the vessel on a level with the thyroid cartilage. The operation was very much embarrassed by the parts being continually overflowed with blood, so that I could scarcely get a glimpse of them for a moment at a time.

The patient resisted with all his might these proceedings, and protested with a loud voice against them, declaring incessantly his desire for the wound he had inflicted to take effect. Immediately on the ligature being drawn around the artery, the bleeding stopped completely, he became relaxed, and seemingly fainty; and his voice, which had been previously coarse, fell to a whisper, and could not be raised above it. The respiration, however, was not disturbed. I apprehended that the par vagum had been enclosed in the ligature, and felt half disposed to put on another a little below, and remove the first. The danger from the hæmorrhage was so pressing, that not having an aneurismal needle at hand, I had used a common one with the point foremost and passed from within outwardly. The hurry of this operation, and the obscurity of the parts from blood, made it impossible, therefore, to use the caution requisite to avoid the par vagum; and the sudden failure of voice led me to suspect this accident: but after watching the respiration for some time, it appeared to proceed so tranquilly, that I determined to let the ligature remain, and especially as it answered so completely the purpose of arresting the bleeding. The operation being finished, and the parts bound up, the patient was sent immediately to the penitentiary in a carriage, and put under the professional charge of Dr. Bache.

July 12th.—The patient is nearly well, his respiration is good, the voice is still in a whisper, though improving, and regaining its former tones; I think, therefore, that the cause of the feebleness of the latter must have arisen from turning off the supply of blood to the larynx through the upper thyroid artery. The ligature has come away.

In our common dissections of the carotid, we find it in front of and against the muscles of the transverse processes. In this case I was surprised to find it much in advance of those parts. Is this common, and is it produced by the muscles of the throat drawing it off?—*American Journal of Medical Sciences.*

RETAINED PLACENTA.

Case of Retained Placenta. By F. Y. Porcher, M.D., of Charleston, South Carolina.

Mrs. ——, the subject of the following communication, was about thirty-three years of age, tall, and of spare habit of body, had always enjoyed good health—been married about two years—been twice pregnant, and had an abortion each time in the third month: in the third pregnancy I was consulted occasionally for slight indispositions, and requested to attend on her in her approaching confinement. In the morn-

ing of the 14th of February, 1831, she fancied that her labor had commenced, and I was requested to see her. On my arrival, I found that there had been some discharge of water, but not the slightest pain; she was directed to keep her bed, and inform me if any pain should come on during the day. In the evening some pain was felt, which continued through the night, though slight, and at long intervals.

15th. Pain much increased, and the os uteri beginning to dilate—in a few hours sufficiently open to ascertain that it was a breech presentation. At 4 o'clock that afternoon she was delivered of a full-sized child. On applying the hand to the lower part of the abdomen, the uterus was found low down and well contracted. After waiting some time, an examination was made, and an hour-glass contraction of the uterus was found to exist. The spasmodic action was of so firm a nature, as to render the introduction of but one finger exceedingly difficult, and could only be accomplished by persevering efforts: on overcoming the spasm so far as to reach the fundus of the uterus, the placenta was found entirely adherent, and so intimately connected that its edge could not be traced, and no part detached by the finger. During this examination, the tonic contraction of the uterus maintained a constant and powerful action on the hand, such as none but those who have experienced the effect of uterine contraction can estimate.

After making fruitless efforts to extract the placenta, it was deemed advisable to desist for the time. Reflecting on the case, it appeared to have some peculiarities, and to present difficulties not easily overcome by the practitioner, or managed with safety to the patient. On passing the finger, for instance, along the cord to its insertion into the placenta, the ordinary spongy and thick mass appeared to be wanting, and to be inserted directly into the uterus; on extending the fingers around, it appeared doubtful when they passed over the margin of the placenta; the uterine contractions were exceedingly strong, but did not in the least effect its detachment.

About 10 o'clock at night, six hours after delivery, I requested my friend, Dr. Joseph Glover, to see her with me. The nature of the case was stated, and he was requested to make an examination himself. He found the tonic contraction strong, and the placenta still adherent. The most judicious efforts on his part could not effect the slightest detachment, and it was determined to desist for the night, and prescribe an anodyne.

16th. On visiting the patient this morning, found her comfortable; had rested well during the night, and continued free from pain; the state of uterine contraction in no respect altered; the placenta could be more distinctly felt at its centre. Particular engagements obliging Dr. Glover to leave the city, Dr. Philip G. Prioleau was requested to see the patient with me. His efforts to extract the placenta were conducted with his usual skill and address, but with no better success. These repeated examinations and attempts at extracting the placenta, had been conducted with as much gentleness as possible, but at the same time with resolution and perseverance; nothing, however, had been effected. It became necessary at this time to pause, and reflect on the peculiar nature of the case; the consequences which must result from the violence used in order

to extract the placenta, and the probable consequences if left entirely to the efforts of nature. It was determined to desist from all manual efforts; to give the ergot in full doses, and, if practicable, to coöperate with it in effecting our object. Uterine contraction was promptly produced by this article; repeated doses were administered, and almost constant pain kept up. In the evening the uterine tumor could be felt externally much lower down, and of a more globular form. With the exception of pain induced by the ergot, the patient was comfortable; skin cool and soft; pulse natural. An enema was directed, and the patient left for the night.

17th. She had rested well during the night; pulse somewhat excited; skin warm. The efforts used to extract the placenta had been borne by the patient with little suffering; but the uterus had now become sensible to every impression. An examination was made only with the view of ascertaining if any change had taken place since the day previous.

18th. She had passed a restless night; some fever this morning; skin hot and dry; no uterine pain. The cord, with a small portion of the membranes, came away in a putrid state. From the particular state of the uterus at this time, all attempts at removing the placenta by manual efforts were necessarily abandoned. The system had now begun to sympathize with the condition of that organ. It became, therefore, necessary to meet this state of constitutional irritation by appropriate general means, at the same time that a solution of the chloride of lime was frequently injected up the vagina in order to correct the fœtor.

It is unnecessary to give a detailed account of all the symptoms and treatment of the case in its progress; it is sufficient to state that for three weeks constitutional irritation demanded almost our exclusive attention. The chloride of lime had effectually removed all fœtor: the discharge from the vagina had been from the beginning inconsiderable, and of a serous nature; had soon entirely ceased: no uterine pain had been felt.

About the middle of March our patient was taken with severe pain, and a sense of heaviness in the uterine region. These feelings had continued all night, and we thought it advisable in the morning to examine the state of the os uteri, and if the placenta was about to be thrown off, to assist the uterine efforts. The uterus was found low down in the vagina, and sufficiently open to admit the finger; the placenta could be distinctly felt pressing on the os uteri; the finger was insinuated some little distance between the placenta and the internal edge of the uterus. The examination caused an immediate contraction of the os uteri on the finger: any further examination was considered unnecessary. Our patient at this time was considered as convalescent; the pain ceased entirely in a short time; her health and strength improved daily.

On the 26th of March she was again taken with sudden and severe pain in the region of the uterus, with a sensation, as she expressed it, as if something was about to come away from her. Under these circumstances an examination was made. The uterus was found low down; the os uteri entirely closed, with rigid and unyielding edges. Here the examination ceased. From this time she regularly improved in health. In the month of June she left the city for New York, and traveled during the summer. She returned in November in good health, and has

continued so to this time. During her absence she has had no uterine pain ; has menstruated but twice ; ***no part of the placenta had ever been discharged.***

Such is a concise statement of facts in the above singular case. How the placenta has been disposed of, is altogether a matter of conjecture. It may be supposed that from the peculiar nature of its attachment to the parietes of the uterus, a circulation of blood was kept up subsequent to the delivery of the child, between the two, and that the placenta became an organized body. Such, however, was the powerful tonic contraction of the uterus, that it seemed impossible for any circulation to go on in a body subjected to such constant and close compression. It appears more probable, that this action on the placenta expressed from it all its fluids, at the same time that the atmospheric air was excluded, and putrefaction prevented ; in this way it soon became a dry, innoxious body, offending only from its bulk.

That for several weeks after delivery the placenta acted as an extraneous body, and that the uterus made frequent attempts to cast it off, was very apparent. It is however unnecessary to pursue these speculations further ; should anything occur at any subsequent time worthy of notice, it shall be communicated. It is the facts which afford matter for serious and useful reflection in cases of firmly adherent placenta. It is now a rule of practice, that as soon as we are assured that the natural efforts of the uterus are incompetent to the removal of the placenta, it should be done by art ; until this is effected, the woman is not considered as entirely safe. This is certainly a good general rule, but in very difficult cases the practitioner may be much embarrassed in determining on the extent to which he should go in his manual efforts ; he knows the consequences if rude and undue violence is offered to the uterus ; he dreads the consequences to his patient, and the censure on himself, if the placenta is not removed. Impelled by such powerful motives, a decided and energetic course is pursued ; the object is at last attained ; but if inflammation of the uterus, extending to the peritoneum, and hectic from fever, follow, which at the end prove fatal to the woman, such is the result of the manual efforts used for the removal of the placenta.

In more than one instance have I seen the woman's life sacrificed by an ignorant midwife, acting on what she supposed an axiom in her profession, that ' the placenta must be extracted.' It is not intended by these remarks to censure proper and judicious efforts for the removal of a placenta firmly attached, but to express a belief that if the practitioner goes beyond a certain point, he jeopards the life of his patient by the very means which he honestly intends for her safety. When this point is reached, and beyond which he should not go, is impossible here to state. Let him reflect on the two evils presented ; let him regard it as a case requiring his most serious attention, and the exercise of his best judgment.—*Ibid.*

RECOVERY FROM THE COLLAPSE OF CHOLERA.

Case of Recovery from the Collapse of Malignant Cholera. By JOHN C. HOWARD, M.D. Physician to the House of Industry at S. Boston.

[Communicated for the Boston Medical and Surgical Journal.]

DECEMBER 1, 1832. At 5 o'clock, A. M. I was informed that Jones, a boy aged fourteen years, was relaxed and had had several stools during the preceding night. He told his teacher that his dejections came away like frost. Rev. Mr. Haskins went up stairs to see him, and found him lively and talkative. Did not think him very sick; says he had been relaxed since Wednesday. Felt his pulse and tongue; found the one small and irregular, and the other cold. Dr. Palmer was called up, who passed the night at the House of Industry; he examined his stools, tongue and pulse. His evacuations were of a thin, watery nature, and the comparison to frost was probably suggested by the froth on the surface of the vessel, occasioned by the chloride of lime put therein the evening previous. Dr. P. having ordered him below, Mr. H. came down stairs with him, and when he had reached the sick room he appeared like one struck with a distemper, as the latter gentleman observed; he was pale and weak, threw himself upon the bed, and had his clothes taken off.

7 o'clock, A. M. The change that has taken place in Jones is truly terrible. Appearance cadaverous; pulse gone; horrible cramps; cold legs and arms; nose, lips and tongue also cold, as well as breath. Had a large quantity of strong mercurial ointment with cayenne pepper rubbed in the inside of the thighs.

10 o'clock, A. M. Still cold. Rubbed with hot vinegar and strong cayenne pepper, without the least effect.

11 o'clock. Pulse gone; coldness extreme; voice hardly audible; eyes much sunken and black; dejections very large, watery, and containing slimy adhesive matters, capable of being taken on a stick.

12 o'clock. Bled him from the left arm; obtained but two tablespoonfuls of blood, which soon congealed like jelly; no serum. At this time I gave up his case as hopeless; but anxious to do something, I administered 40 grs. of the submur. hydrarg. in a tablespoon with sugar.

6 o'clock, P. M. Vomiting and purging ceased, pulse returned. Flesh warmer; countenance less cadaverous; eyes more prominent, blood in some degree returned to them; voice more natural; somewhat comatose.

December 2. 10 o'clock, A. M. Bled Jones from the right temporal artery, with a view to relieve congestion of the brain and coma, about a gill and a half.

4 o'clock, P. M. Pulse 100; full, distinct and regular. Face, limbs, extremities, all above the usual warmth. The former flushed; tongue moist and warm; no sickness at the stomach. A basin of water being overturned, he spoke out quite lively, and told the nurse he would 'find something under the bed to wipe it up with.' Complains of no pain except in the head; upon being asked where, he answered, 'in the brain.' Not at all restless.

6 o'clock, P. M. He had a dejection about one, a pint of muddy water; pulse feebler in consequence.

December 3. 4 o'clock, A. M. Went into the room, and found him asleep with his eyelids closed, which had previously been kept open most of the time. Was informed he had complained of a pain in his head a short time before. Skin warm; pulse 98.

5 o'clock, A. M. Was bled from right arm by Dr. Wing; took away 10 ʒ. Teeth ache severely.

10 o'clock, A. M. Found him asleep with his eyes open.

2 o'clock, P. M. Prescribed blister of flies on back of neck, and cold vinegar to the head; eyes were closed; pulse 100, and tolerably full and regular; comatose; teeth ache badly; administered 30 drops paregoric.

3 o'clock, P. M. Very restless, in great pain from teeth; gave 25 drops paregoric.

6 o'clock, P. M. Nurse says he passed a half pint of urine, which was of good color.

9 o'clock, P. M. In pain from blisters, was very nervous and restless.

December 4. 5 o'clock, A. M. Was more quiet and easy.

7 o'clock. Saw a dejection, which was watery, with a thick, dark and slimy substance; pulse 112; very much debilitated. Blisters drawn well, and dressed.

12 o'clock. Had a dejection, which was watery, with green flakes floating in it, resembling small pieces torn from green velvet, which I thought inspissated bile; quite weak from several dejections.

3 o'clock, P. M. Pulse 116; very much debilitated. Prescribed as a tonic astringent, ʒj. of Tinct. Cinnamon and Kino. Had one small dejection.

7 o'clock, P. M. Had another evacuation, unlike the last; more of a black appearance; considerable fetor to it. Nurse says he asked, a short time since, if he could have a piece of meat.

December 5. 5 o'clock, A. M. Dr. Gay, passing night at House of Industry, gave an opiate to relieve teethache. 8 o'clock. Says he feels better; looks more comfortable; speaks louder; pulse 112. Has made a pint of healthy urine; wanted beef steak; was promised beef tea; symptoms of coma subsided. Had no evacuation during the night; fever low typhus; tonics indicated; thirst somewhat abated. 2 o'clock, P. M. Still better; took some rare beef gravy, and a small strip of beef, which he seized with the greatest avidity. 4 o'clock, P. M. Looks brighter; face flushed, pulse 100; says the juice of the beef has made him better. Drinks arrowroot with a little brandy in it, and has no inclination to vomit; no stools. 9 o'clock, P. M. Was seen by Dr. Sumner, who passed the night at the House of Industry. Complained of his teeth aching severely, for which he received an anodyne; passed a comfortable night.

December 6, 1-2 past 10, A. M. Found him in much the same state as yesterday; passed a pint of limpid urine. No dejection; skin in a good condition; tongue warm, and rather dry, like that which is seen in convalescents from typhous fever. If no dejection, ordered Olei Ricini

3ss. 1 o'clock. To relieve pain of gums and sore mouth, 20 drops of laudanum. 4 o'clock, P. M. Found him in a calm sleep. 6 o'clock, P. M. Still sleeping comfortably, no dejection through the day; complains of his teeth.

December 7. 9 o'clock, A. M. Has had two good bilious dejections; says he feels sick at his stomach, probably occasioned by the oil taken an hour since. Says he is not so well as yesterday; pain in his stomach; looks anxious; pulse 100.

December 8. 10 o'clock, A. M. Doing well; pulse 90; two good bilious dejections; passed more than a pint of limpid urine; used for sore mouth, a solution of tincture myrrh, alternating with a decoction of white oak bark and alum. For nourishment, mutton broth.

December 9. Improving; no medicine indicated; appetite eager; recovery certain.*

The following fatal case was also observed by Dr. Howard, at the House of Industry, and communicated by him for publication.

December 7. 3 o'clock, P. M., William Rainsford, æt. 56, an inmate of the House of Industry, was met in the wood yard by the Superintendent, going toward the privy, who observing he looked unwell, asked him if he had a diarrhœa; he said he had been troubled in that way for several days past, had suffered from cold stomach and bowels for a fortnight, and had occasionally vomited cold water. Mr. Simonds advised him to take some medicine to check the diarrhœa. At 6 o'clock he came to him, and said his complaint continued; his countenance then looked worse, and he was observed to tremble; appeared frightened. A tumbler of brandy and water, with half a teaspoonful of cayenne pepper, was administered by Mr. Simonds, which he vomited immediately. He went directly to bed, and was seen in half an hour. Had warm face, feet and hands, and it seemed probable he would do well. Shortly the diarrhœa returned; he imprudently left the room, and purged copiously a thin watery fluid. At 1-2 past 8 his appearance was much worse, purging continued; evacuations took the rice-water appearance. 11 o'clock, P. M. Growing worse; took half a drachm of the submuriate, which was probably rejected, as vomiting returned.

December 8. 1† o'clock, A. M. By great exertion succeeded in taking 12 ounces of blood from the right arm; no serum; cramps severe; hands and feet much corrugated; administered a drachm of submuriate hydrarg. In two hours after the pulse was stronger; cramps continued; rubbed with snow, which soon relieved him. 1-2 past 12 o'clock, P. M. Bled from left arm, an ounce obtained; serum absent; breathing very laborious; cramps ceased; pulse 88, small and weak; rubbed inside the thighs, strong mercurial ointment, with cayenne and camphor; sinapisms to the feet and hands, previous to which they were soaked in hot water. 4 o'clock, P. M. Pulse almost gone; hands and feet much corrugated and very cold; countenance cadaverous; alteration from yesterday truly astonishing. Voice almost gone; can speak only

* Dr. Palmer was present when the patient was taken sick, and administered an emetic, which was ejected immediately, with no bile. He saw him sink into collapse, and expressed his decided opinion of approaching death, as did other persons who saw him.

in a whisper; very restless; debility extreme; cramps less frequent; fast sinking into collapse. 8 o'clock, P. M. Pulse imperceptible; respiration very laborious; thirst intense; discharges less frequent. Ordered a scruple of submuriate hydrarg. every half hour, with a view to bring about reaction. Seems conscious of the probable termination of his case, and is reluctant to take anything; very thirsty; seen occasionally through the night by Dr. Gay. Died at 6, A. M. December 9th.

Post Mortem Examination.—*Lungs*, found as usual in this disease, in a state of extreme congestion; adhesions to the parietes, consequence of old inflammation. *Stomach*, somewhat inflamed, and contained considerable thin fluid; mucous coat easily taken off by the handle of the scalpel, and clearly showing serous coat. *Intestines*, very much inflamed, to the complete disorganization of mucous membrane; the small intestines containing three pints of bloody serum. *Liver*, very much congested with blood, the consequence of collapse; otherwise healthy. *Bladder*, very much contracted, about the size of a walnut. *Brain*, vessels fully injected, a considerable effusion between the membranes, and a considerable deposit of serum in the ventricles.

CLINICAL NOTES.

BY JONATHAN SIBLEY, M.D. OF UNION, MAINE.

[Communicated for the Boston Medical and Surgical Journal.]

Erysipelas.

In February, 1831, a young woman, after a laborious travail with her first child, remained quite comfortable thirty hours. She then had a cold chill, succeeded by heat, pain, tumefaction and tension of the bowels, with suppression of the lochia. Warm baths, cathartics and anodynes, were used, and had the desired effect, so far as *entirely* to remove the pain, swelling and inflammation in the bowels—even the soreness and tenderness to the touch seemed to subside in a night. Under these favorable circumstances I heard her make a slight moan, and thought she had an *after pain*, which might possibly have a favorable effect upon the lochia; but this pain was in the side!

Very early the next morning, with surprise, I found her sick with pleurisy—pain in the side and distress for breath, with the other appearances usually accompanying inflammation in the pleura and lungs—lochia still suppressed. I bled her lightly, which gave some relief. I blistered the side, and applied a bladder of hot milk and water to her. The next morning she was worse—had experienced a distressed and restless night; occasionally a little delirious, with a slight cough. I took about three ounces more of blood from the arm, gave some opium, and applied another blistering plaster near the former.

We had now a new and very extraordinary appearance before our eyes. Across the patient's breast there was a *pale, dirty-looking* and *slightly inflammatory efflorescence*. At first I thought it the effect of the flies; but the attendants said 'no, the plaster has not slipped,' and said it looked as though *tar* had been applied to the skin. This appearance

was clearly marked by a right line obliquely across the breast, rising a little from the left to the right side of the patient, as straight as could be marked with a rule and pencil. Below this line was the efflorescence; above, the skin was entirely natural. This line of distinction, when first discovered in the morning, went obliquely over the ensiform cartilage. In the course of the day and evening, it *ascended* regularly across the nipples (still bounded by the same *straight oblique* line), about four or five inches toward the clavicles. There did not appear to be either tension, tenderness or tumefaction in this efflorescence.

When the friends of the patient inquired of me for the cause of this strange appearance, I frankly told them that I did not know; I did not even think of erysipelas at that time. At midnight Dr. Estabrook called upon us. After examining the patient, he took me aside and said, this is a case of *Erysipelatous Pleurisy*. The system is exhausted, the pulse is feeble and fluttering, the mind is delirious, and the countenance ghastly; your means are all exhausted, there is nothing more that you can do; the patient will certainly die. I then took him to the bedside again, and we examined the patient the second time, particularly the efflorescence upon the breast; when we were fully satisfied that this was a case of *erysipelatous inflammation* upon the *pleura* and *lungs*, as well as upon the *surface* of the *breast*, and that this erysipelatous inflammation (which tends so directly to mortification) was a *metastasis* from the abdomen to the thorax. The patient died the next morning, five days after her *confinement*.

Dr. E. informed me that this disease (this internal as well as external erysipelatous inflammation) had prevailed extensively in the eastern part of the State, and had excited great alarm among the inhabitants in that section of the country; that women in child-bed were particularly liable to it, and that it had been very mortal among them—twelve women having died with it in one year at Passamaquoddy. He further added, that several *men* had been attacked with it in Camden, and that two or three had died with it. It generally begins in the bowels, and then frequently shifts to other parts of the body, as the pleura and lungs, and sometimes the face. When there is a metastasis or a shifting of the disease from one place in the body to another, as the inflammation prevails in the second place of attack it of course subsides very quickly and soon entirely disappears in the place of its first attack.

Case II.—In January, 1831, a robust, middle-aged man was attacked with pain and swelling in the bowels. We called it colic. A little preternatural heat prevailed upon the patient, and the tongue was slightly coated. Castor oil, with jalap and calomel and a warm bath, succeeded by opium, soon relieved these complaints in the bowels, and the man was better. When I applied my hand to the side of the patient's face to try his temperature, he complained that I hurt him. On examination it was perceived that erysipelas was beginning to appear on the *right* side of the face, which prevailed in the usual way, ascending up the right side upon the temple and over the top of the head and forehead, and then down upon the *left* side, slightly affecting the left cheek. All went off in about a week. The applications to the face were nothing but dried flour and soft tow. As the inflammation commenced and increased upon the face, the soreness and pain of the bowels subsided entirely.

In the commencement of this case I presume there was an erysipelatous inflammation of the bowels, and then a metastasis of the same inflammation to the face.

Case III.—A laboring man, who had made himself rich by agriculture and land speculation, lived freely and grew fat as he advanced in years. When he was old he had sore legs. Several years after they first became sore, he was attacked with an inflammatory complaint in the winter, which at first appeared to be constitutional. I gave him tinct. emetic and calomel in small and divided doses, which operated freely, and carried off the complaint *entirely* in a *night*. The next day we discovered an extensive erysipelatous inflammation upon one of his legs. This proved severe and lasted a week or ten days, and then went off by resolution, with a desquamation of the cuticle. We applied to the leg flour and tow.

This erysipelatous inflammation appeared to injure the leg; it grew large and clumsy afterwards, and the sores were worse than before.

The other leg was sore, but not so bad as this. These legs continued troublesome year after year, and every year grew worse. Many physicians were consulted, and different methods of treatment were tried, but nothing did any real good. Cold water was poured upon them, but the man thought this application injured them.

Hydrocele.

A young man with a hydrocele applied to me for assistance. I punctured the tumor, and evacuated the water. Nothing else was done. I advised a radical cure; and among other means for accomplishing so desirable an object, I described to him the method of using the seton. To these observations he made no reply. In the usual time the sac was filled again with water as before, and the lad let it out with his penknife; this he did two or three times in succession in the course of a few months, when he had recourse to the seton, and used it in the following way. He armed a large sail needle with cotton thread, and introduced the point of the needle into the opening which he had made with the penknife, in the lower part of the scrotum, to evacuate the water, and then crowded up the needle as far as he could conveniently, pushing it out through the skin at the upper part of the scrotum, and pulled through these wounds the cotton thread. He let the seton remain in the scrotum two or three days, when he thought it had been there long enough to accomplish his object, and then took it away and washed the parts with brandy. By these means a *radical cure* was accomplished. This was all done by the lad, privately, and his conduct kept a secret seven years, when he cautiously related it to me, not two days ago, as I inquired after his hydrocele, and said the side on which he operated was then as well as the other.

This man was altogether ignorant of anatomy, and of every principle of surgery.

December 1st, 1832.

INFLUENCE OF OCCUPATION ON HEALTH.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

3. Printers. The very various processes included in the art of printing, are attended with corresponding effects on the health of those who practise them. As respects the employment of the muscles, we may observe that pressmen have sufficient and varied exercise, as much so in fact as is afforded by any occupation which has been mentioned. The evil, if any, in this respect, arises rather from excess than defect. The occupation is too laborious to be continued without intermission, during the whole number of hours usually devoted to work. There is no doubt that the alternation of this with the lighter departments of the office would be more favorable to health than the exclusive attention to either. This is often practised, indeed, in those establishments where but a small number of hands are employed; and the fact affords a simple and obvious illustration of the principle before stated, as to the influence of subdivided labor on the human system. The success of the business, indeed, depends mainly on the skill of the individuals engaged in the several departments; and this is best promoted by assigning to each his particular branch of labor. The immediate convenience of the workman himself is perhaps best consulted by the same arrangement; for there is inevitably a certain feeling of awkwardness experienced in turning the hand from one department of labor to another. But that some degree of physical vigor is sacrificed to obtain these advantages, will scarcely be questioned. As respects compositors, who are obliged to maintain a standing posture for many hours together, unless they also use general exercise the digestive organs will be very likely to suffer. Where, again, from general debility, intemperance or other cause, local affections of the lower limbs already exist, the posture will have an undoubted tendency to aggravate them. A very great and unnecessary evil endured by printers, is the heat of the rooms in which they work. On this point it is worthy of remark, and applies to many other occupations beside the present, that where the temperature of a room is left to a large number of persons, the inclination of him who requires the greatest heat becomes almost of necessity the rule for all; and thus a degree of heat is submitted to, which, under other circumstances, would be regarded as intolerable. The obvious remedy for this evil is the introduction of some better standard than the caprice of individuals, and the regulation of the heat of these apartments by a thermometer.

Class III.—*Sedentary occupations, or the labor of which is light, and admits or requires a sitting posture.* This class includes the great proportion of the occupations of females, such as the various kinds of needlework, and many also of the trades practised by men; such as those of jewellers, watchmakers, engravers, pocket-book makers, workers in tin and silver, and bookbinders. Some of these I shall have occasion to mention under other heads.

The evil of those occupations which are distinguished merely by being sedentary, may be considered as negative rather than positive; that is, as arising more from the privation of the necessary exercise, than from any

injurious agency of the posture itself. In this manner, the present class is distinguished from the last, with which it has otherwise much in common. In the position of sitting there is nothing injurious, neither is any sense of restraint or fatigue induced by it, even when it has been continued for many hours. The evil of occupations merely sedentary is, therefore, only felt when the application to them has been excessive, and such as to leave no time for relaxation and exercise. Even when this is the case, the evil may not be felt for a considerable time, provided the constitution is such as does not require much activity. In general it may be remarked, that as men maintain the standing posture better than women, so the latter bear sitting better than men; and there are those who can sit at their work the whole day, with the exception of the time required for meals and sleep. Generally, however, this kind of life produces indigestion; and not unfrequently troublesome local complaints will likewise ensue. The case is worse with those who allow the intensity of this kind of labor to rob them of the hours which should be given to sleep. Yet this description of imprudence is by no means uncommon in women who work by the job and for small wages. I have known more than one instance in which the period of sleep was reduced to six or even five hours; and the remainder of the twenty-four spent in almost constant application. But the hours thus taken from sleep, though they seem to be gained, do not eventually prove so. The powers of the system, gradually exhausted, at length refuse to lend themselves to the dictates of the will; and perhaps when the injurious exertion is at length desisted from, it is already too late to remedy its destructive influence.

A singular result of inquiry into this subject, is that sedentary occupations, without exercise, have a direct tendency to produce pulmonary consumption. By comparing the records of several large hospitals in Paris, it was found that the occupations which have the greatest tendency to induce this complaint, were those in which the trunk of the body remained wholly inactive, and the upper extremities alone were exercised; and it accordingly appeared that consumptive complaints were much more frequent in women than in men.

As respects men whose employments are sedentary, the greater part will find it necessary to take some active exercise to counteract what a lively author calls the immobility of the solids; and this, sometimes at no small sacrifice of inclination to duty: for although the first effect of confinement is to produce a desire for motion, yet where it has been long continued, the power of the muscles becomes impaired, the limbs are cramped, and the body is rendered torpid and sluggish. In this state of things rest is more agreeable to the feelings than motion; and it is only by mustering some resolution that the exercise of the limbs, which is felt to be necessary, can be obtained.

PROFUSE AND OBSTINATE HEMORRHAGE.

Case of Profuse and Obstinate Hemorrhage after the Extraction of a Tooth. By CHANDLER ROBBINS, M.D.

[For the Boston Medical and Surgical Journal.]

ON the day before Thanksgiving, Mr. G. a respectable merchant in this city, called on me for relief, having been some time suffering from acute

odontalgia. The offending member was the second molar tooth on the left side of the lower jaw, and he wished to have it extracted. I referred him to a dentist. The gentleman I named to him being engaged, he waited till the next morning, and then, finding him again occupied, submitted himself to another, who extracted the tooth without previously separating the gums from it. A small portion of the inner alveolar process was broken off in the operation, and remained attached to the body of the tooth, and the soft parts about this portion were considerably lacerated. The subsequent hemorrhage was profuse and obstinate. It continued during the remainder of the day, and abated nothing in the evening or night. In the course of the night, the bleeding increased; and the consequent exhaustion was so great that no further delay of medical aid was deemed prudent. Not being able to procure my attendance, Mr. G. had the assistance of another medical gentleman, who sedulously applied the proper local remedies for nearly two hours, but without arresting, and but little if any abatement of the hemorrhage.

I first saw this patient on Friday morning. The blood still flowed from his mouth in a continued stream, and he computed the quantity he had lost in the twenty-four hours, at *two gallons*; judging from what I saw and learned of his case, it could not have been less than as many *quarts*.

On a minute examination of the part, I found that the cavity left by the tooth itself was entirely plugged by coagulated blood, and the hemorrhage proceeded from the vessels that were ruptured by the laceration of the soft parts on the inner side of the jaw. The pulse was small, but not without activity, although the face and hands were rather exanguious. Considerable prostration of strength was complained of, but only occasionally any sensation of faintness. The first step I took, was to raise the patient from a horizontal to a sitting posture. A small dossil of cobweb was then moistened in the solution of sulphate of copper (which had been perseveringly used for several hours), rolled in powdered alum, applied with some pressure to the wound, and retained there as long as could be done conveniently; although much difficulty was found in this, since the taste was particularly disagreeable to the patient, and every movement of the tongue changed the position of the patulent vessels. This was directed to be repeated as often as necessary, and the patient to be kept cool and free from excitement or alarm. At the expiration of an hour I found the blood still flowing freely, and without any degree of abatement. I now laid aside all these local astringents, directed cloths wet in cold water to be kept on the face, and cold water to be occasionally held in the mouth; and administered one grain of the powdered leaves of digitalis—a medicine that had seldom disappointed me in any species of hemorrhage. At the end of another hour, the pulse was less active and the bleeding had abated, but not much. Two grains of the digitalis were now administered. In an hour after, I found the patient asleep, having been so about twenty minutes, with no hemorrhage. It was now ten o'clock in the forenoon. I visited him again at twelve, when he was sitting up and feeling tolerably well, with a pulse of 80, small and weak, clear headed, and without any recurrence of hemorrhage. A dose of oil in the evening finished the case; and after

taking bark a day or two, Mr. G. returned to his business, and has since experienced no loss of blood and but little inconvenience from the wound in his mouth.

This case is published because it is thought an instructive one in several particulars, but especially as it illustrates the advantage we may derive from foxglove in circumstances of some embarrassment. If we cannot plug the hose, we can check the movements of the engine.

Boston, December 8, 1832.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 12, 1832.

WORMS.

THERE are few subjects on which a medical man is more frequently consulted than the probability of a child being afflicted with worms. Parents are ready to find in this theory an explanation of any symptoms which appear to them anomalous, and the physician is often appealed to on these occasions in the confident expectation that he will confirm the diagnosis so ingeniously arrived at. There would be little objection on these occasions to indulging the fancy thus adopted, and avoiding all dispute by a polite assent, did not the admission of the existence of so serious an evil involve the necessity of suggesting adequate means for its speedy removal. If the point is once conceded that the worms are there, the credit of the medical man is pledged to make good his words by dragging the intruder forth and exhibiting him in open day. This, however, is not always to be effected so easily. The most potent anthelmintics and cathartics utterly fail in producing the intended effect, until at length the doctor is reduced to the alternative of permitting to be called in question the omnipotency of his skill, or the infallibility of his judgment, since 'de non apparentibus et non existentibus eadem est ratio.'

The truth seems to be that what are ordinarily assigned as symptoms of worms, are signs of a very equivocal character, and such as may be produced by various kinds of intestinal irritation. Thus the starting in sleep, the half open eyelid, the grinding of the teeth, the irregular appetite, fetid breath, and tumid abdomen, are all signs of the existence of intestinal disorder, but do not point distinctly to this as the sole or ordinary remote cause. The only sure sign of the existence of worms is furnished by their actual appearance in propriâ formâ; and even after this, it is not always easy to dislodge any others except the particular individuals which have thus thought fit to make their appearance. The most easily recognised, and one of the most frequent forms of inverminations, is the burrowing of ascarides in the rectum, where they occasion

almost constant local irritation. In this case they are all most effectually got at by saline or bitter injections, which generally induce them to shift their quarters in considerable numbers. We still remain in our ancient ignorance in regard to the mode in which these unwelcome inmates gain admission; and they now furnish, perhaps, the strongest argument in favor of the theory of spontaneous generation. With regard to their mode of reproduction, the tapeworm is said to be oviparous; while both the lumbricus and the threadworm produce their young alive. The most important question, however, relates to the modes of getting rid of them; and whilst we would refer the reader to Dr. Dewees' work on the diseases of children, for excellent advice on this point, we would record our own experience in favor of spigelia, after a thorough evacuation of the canal by calomel and rhubarb.

PROFESSOR FOLLEN'S FUNERAL ORATION.

THIS beautiful Eulogy is just published, appended to which are some account of the proceedings of the friends of Dr. Spurzheim at the time of his decease, and the funeral Ode of the Rev. Mr. Pierpont. We shall take an early opportunity to present the reader with a further account of the Oration, or some extracts from it.

Whole number of deaths in Boston for the week ending Dec. 8, 29. Males, 16—Females, 13.—Still-born, 5.

Of throat distemper, 1—old age, 3—scarlet fever, 9—consumption, 7—rheumatic fever, 1—typhous fever, 1—inflammation in the bowels, 1—paralysis, 1—croup, 2—hooping cough, 1—drowned, 1—dropsy, 1—canker in the bowels, 1—cholera malignant, 3—unknown, 1.

ADVERTISEMENTS.

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THE MEDICAL LECTURES at BOWDOIN COLLEGE will commence on MONDAY, the 18th day of February, 1833.

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Anatomy and Surgery, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.
Obstetrics and Medical Jurisprudence, by JAMES MCKEEN, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

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P. CLEAVELAND, *Secretary.*

Brunswick, October 8, 1832. Oct. 31. eop5t.

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